

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526017

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | 1 | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
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| 8 | | 1 | | | | |
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| 11 | | 1 | | | | |
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| 14 | | 1 | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
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| 41 | | 1 | | | | |
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| 46 | | 1 | | | | |
| 47 | | 1 | | | | |
| 48 | | 1 | | | | |
| 49 | | 1 | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | | 2 | 3 | 4 | 5 | 6 |
| TOTAL DEP. | 4 | 5 | 16 | 4 | 5 | 4 |
| TOTAL CLAIMS | 4 | 5 | 16 | 4 | 5 | 4 |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | 2 | 3 | 4 | 5 | 6 |
| TOTAL DEP. | 4 | 5 | 16 | 4 | 5 | 4 |
| TOTAL CLAIMS | 4 | 5 | 16 | 4 | 5 | 4 |